

LME Alternative Service Request for Use of DMHDDSAS State Funds

For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

Note: Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at Wanda.Mitchell@ncmail.net, and to Spencer Clark, Chief's Office, Community Policy Management Section, at Spencer.Clark@ncmail.net. Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at Brenda.G.Davis@ncmail.net or (919) 733-4670, or to Spencer Clark at Spencer.Clark@ncmail.net or (919) 733-4670.

a. Name of LME- PBH (Piedmont Behavioral Healthcare)	b. Date Submitted 6-13-08
c. Name of Proposed LME Alternative Service- PBH State Funded Community Assistance Series Definitions as of 3-20-06- Day Supports _ YA304 SF020 Day Supports -- State	
d. Type of Funds and Effective Date(s): <i>(Check All that Apply)</i> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> State Funds: Effective 7-01-07 to 6-30-08 <input checked="" type="checkbox"/> State Funds: Effective 7-01-08 to 6-30-09 </div>	
e. Submitted by LME Staff (Name & Title) David Jones, MA Dir. of Clinical Operations	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> f. E-Mail davidj@pamh.com </div> <div style="width: 45%;"> g. Phone No. 704-743-2106 </div> </div>

Background and Instructions:

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an ***LME Alternative Service Request for Use of DMHDDSAS State Funds.***

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to

track and report on the use of county funds through IPRS reporting effective July 1, 2008.	
<p align="center">Requirements for Proposed LME Alternative Service</p> <p align="center"><i>(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)</i></p>	
<p align="center">Complete items 1 through 28, as appropriate, for all requests.</p>	
1	Alternative Service Name, Service Definition and Required Components- SF020 Day Supports -- State
2	<p>Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array</p> <ul style="list-style-type: none"> <i>PBH specific service array to best provide for consumer needs within the PBH system of care</i>
3	<p>Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition</p> <p>Day Supports provide assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills, which takes place in a non-residential setting, separate from the home or facility in which the individual resides. Day Supports shall focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the ISP. In addition, day supports may serve to reinforce skills or lessons taught in school, therapy, or other settings.</p> <p>Community activities that originate from a licensed day facility will be billed as Day Supports.</p>
4	<p>Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: (Check one)</p> <p align="center"> <input checked="" type="checkbox"/> Recommends <input type="checkbox"/> Does Not Recommend <input type="checkbox"/> Neutral (No CFAC Opinion) </p>
5	<p>Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service</p> <p>SF020 Day Supports -- State - 4</p>
6	<p>Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service</p> <p>SF020 Day Supports -- State - \$22,000</p>
7	<p>Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply)</p> <p><u>Assessment Only:</u> <input type="checkbox"/> All <input type="checkbox"/> CMAO <input type="checkbox"/> AMAO <input type="checkbox"/> CDAO <input type="checkbox"/> ADAO <input type="checkbox"/> CSAO <input type="checkbox"/> ASAO</p> <p><u>Crisis Services:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCS <input type="checkbox"/> AMCS <input type="checkbox"/> CDCS <input type="checkbox"/> ADCS <input type="checkbox"/> CSCS <input type="checkbox"/> ASCS</p> <p><u>Child MH:</u> <input type="checkbox"/> All <input type="checkbox"/> CMSED <input type="checkbox"/> CMMED <input type="checkbox"/> CMDEF <input type="checkbox"/> CMPAT <input type="checkbox"/> CMECD</p> <p><u>Adult MH:</u> <input type="checkbox"/> All <input type="checkbox"/> AMSPM <input type="checkbox"/> AMSMI <input type="checkbox"/> AMDEF <input type="checkbox"/> AMPAT <input type="checkbox"/> AMSRE</p>

	<p><u>Child DD:</u> <input checked="" type="checkbox"/> CDSN</p> <p><u>Adult DD:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> ADSN <input type="checkbox"/> ADMRI</p> <p><u>Child SA:</u> <input type="checkbox"/> All <input type="checkbox"/> CSSAD <input type="checkbox"/> CSMAJ <input type="checkbox"/> CSWOM <input type="checkbox"/> CSCJO <input type="checkbox"/> CSDWI <input type="checkbox"/> CSIP <input type="checkbox"/> CSSP</p> <p><u>Adult SA:</u> <input type="checkbox"/> All <input type="checkbox"/> ASCDR <input type="checkbox"/> ASHMT <input type="checkbox"/> ASWOM <input type="checkbox"/> ASDSS <input type="checkbox"/> ASCJO <input type="checkbox"/> ASDWI <input type="checkbox"/> ASDHH <input type="checkbox"/> ASHOM <input type="checkbox"/> ASTER</p> <p><u>Comm. Enhance.:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCEP <input type="checkbox"/> AMCEP <input type="checkbox"/> CDCEP <input type="checkbox"/> ADCEP <input type="checkbox"/> ASCEP <input type="checkbox"/> CSCEP</p> <p><u>Non-Client:</u> <input type="checkbox"/> CDF</p>
8	<p>Definition of Reimbursable Unit of Service: (Check one)</p> <p><input type="checkbox"/> Service Event <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Other: Explain _____</p>
9	<p>Proposed IPRS <u>Average</u> Unit Rate for LME Alternative Service</p> <p><i>Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed <u>average</u> IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?</i></p> <p>SF020 Day Supports -- State - \$5.57</p>
10	<p>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service (Provide attachment as necessary)</p>
11	<p>Provider Organization Requirements</p> <p>Day Supports must be delivered by practitioners employed by a mental health/substance abuse provider organization that meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH) and the requirements of 10A NCAC 27G. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by the LME. Within three years of enrollment as a provider, the organization must have achieved national accreditation. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina. Other provider requirement include being licensed as one of the following:</p> <ul style="list-style-type: none"> • Licensed Developmental Day Care Programs OR • Adult Day Health and Adult Day Care Programs • Before and After School Day Care Programs operated by NC Public • School System.
12	<p>Staffing Requirements by Age/Disability (Type of required staff licensure, certification, QP, AP, or paraprofessional standard)</p> <ul style="list-style-type: none"> • Provider Agencies-trained individual with at least a high school diploma or high school equivalency supervised by a Qualified Professional or Associate Professional • Licensed Developmental Day Programs-trained individual with at least a high school diploma or

	<p>high school equivalency supervised by a Qualified Professional or Associate Professional</p> <ul style="list-style-type: none"> • Licensed Day Care Programs- general and license requirements only • Adult Day Health and Adult Day Care Programs-general and certificate requirements only • Before and After School Day Care Programs operated by NC Public School System-qualified by Piedmont Behavioral Healthcare- general and license requirements only
13	<p>Program and Staff Supervision Requirements</p> <p>Supervised by the Employer of Record or Managing Employer Clinical oversight by a qualified professional or associate professional under the supervision of a qualified professional in the field of developmental disabilities employed by Agency with Choice.</p>
14	<p>Requisite Staff Training- Same as above outlined in question 12.</p>
15	<p>Service Type/Setting</p> <ul style="list-style-type: none"> • Location(s) of services • Excluded service location(s) <p>This a periodic service</p> <p>Services may be provided in the following locations:</p> <ul style="list-style-type: none"> • Licensed Developmental Day Care Programs OR • Adult Day Health and Adult Day Care Programs • Before and After School Day Care Programs operated by NC Public School System
16	<p>Program Requirements</p> <ul style="list-style-type: none"> • Individual or group service • Required client to staff ratio (if applicable) • Maximum consumer caseload size for FTE staff (if applicable) • Maximum group size (if applicable) • Required minimum frequency of contacts (if applicable) • Required minimum face-to-face contacts (if applicable) <p>Authorization by the LME is required. The amount, duration, and frequency of services must be included in an individual's Person Centered Plan, and authorized on or before the day services are to be provided. Services are authorization annually. Services are individualized. Service contacts are determined by the needs identified in the individual service plan.</p>
17	<p>Entrance Criteria</p> <ul style="list-style-type: none"> • Individual consumer recipient eligibility for service admission • Anticipated average level of severity of illness, or average intensity of support needs, of consumer to enter this service <p>A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).</p> <p style="text-align: center;">And</p> <p>B. Appropriate Level of care is met: SIS Score</p> <p>C. The person is experiencing difficulties in at least one of the following area:</p> <ol style="list-style-type: none"> 1. Functional impairment

	<ol style="list-style-type: none"> 2. Crisis intervention/diversion/aftercare needs and/or 3. At risk for placement outside the natural home setting <p style="text-align: center;">And</p> <p>D. The consumers level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <ol style="list-style-type: none"> 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with the diagnosis 2. Presents with intense verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3. At risk of exclusion from services, placement or significant community support systems as results of functional behavioral problems associated with the diagnosis. 4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities <p style="text-align: center;">Or</p> <p>E. The individual's current residential placement meets anyone of the following</p> <ol style="list-style-type: none"> 1. The individual has no residence. 2. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment. 3. Current placement involves relationships which undermine the stability of treatment. 4. Current placement limits opportunity for recovery, habilitation, community integration and maximizing personal independence.
18	<p>Entrance Process</p> <ul style="list-style-type: none"> • <i>Integration with team planning process</i> • <i>Integration with Person Centered Plan and clinical assessment</i> <p>PBH requires that a written person-centered plan be developed by the Person Centered Planning team prior to service implementation for the delivery of medically necessary services. PBH expects that consumers play an active role in directing the type, frequency and intensity of services to ensure that the service meets the needs, abilities, preferences and expectations of the consumer and their goals for recovery. It is also PBH's expectation that the PCP is informed by strong clinical data that supports medical necessity of a given service. Together these processes ensure that services are appropriate for meeting the consumer's needs but are supported by clinical evidence to ensure medical necessity.</p>
19	<p>Continued Stay Criteria</p> <ul style="list-style-type: none"> • <i>Continued individual consumer recipient eligibility for service</i> <p>The desired outcome or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the consumer's service plan or the consumer continues to be at risk of relapse based on history or the tenuous nature of the functional gains or any one of the following:</p> <ol style="list-style-type: none"> A. Consumer achieved initial service plan goals and additional goals are indicated. B. Consumer is making satisfactory progress toward meeting goals. C. Consumer is making some progress, but the service plan (specific interventions) need for level of functioning are possible or can be achieved. D. Consumer is not making progress; the service plan must be modified to identify the most effective intervention. E. Consumer is regressing: The service plan must be modified to identify more effective

	interventions.
20	<p>Discharge Criteria</p> <ul style="list-style-type: none"> • <i>Recipient eligibility characteristics for service discharge</i> • <i>Anticipated length of stay in service (provide range in days and average in days)</i> • <i>Anticipated average number of service units to be received from entrance to discharge</i> • <i>Anticipated average cost per consumer for this service</i> <p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan or no longer benefits from the service. The decision should be based on one of the following:</p> <ul style="list-style-type: none"> A. Consumer has achieved service plan goals; discharge to a lower level of care is indicated. B. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.
21	<p>Evaluation of Consumer Outcomes and Perception of Care</p> <ul style="list-style-type: none"> • <i>Describe how outcomes for this service will be evaluated and reported including planned utilization of and findings from NC-TOPPS, the MH/SA Consumer (Satisfaction) Surveys, the National Core Indicators Surveys, and/or other LME outcomes and perception of care tools for evaluation of the Alternative Service</i> • <i>Relate emphasis on functional outcomes in the recipient's Person Centered Plan</i> <p>For services that require completion of NC TOPPs, MH/SA Consumer Surveys, and/or National Core indicators, PBH will monitor to ensure that evaluation tools are completed within mandated time frames and reported to the required reporting bodies. PBH will also use the data obtained from these measures to track trends that effect service satisfaction, accessibility and utilization. This data then can be used to leverage changes in the PBH provider network related to quality and availability of services.</p> <p>The expected outcome of this service is to assist the consumer with acquisition, retention, or improvement in self help, socialization and adaptive skills. Continued utilization of this service will be determined by medical necessity reviewed annually or more often as needed. PBH has established a systematic method of reviewing the quality, appropriateness, and comprehensiveness of the person-centered plan. Each goal on the person-centered plan is reviewed separately, based on the target date associated with each goal to ensure that services are individualized to meet the strength, needs, abilities and preferences of the consumer.</p>
22	<p>Service Documentation Requirements</p> <ul style="list-style-type: none"> • <i>Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record?</i> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No", please explain.</i></p> <ul style="list-style-type: none"> • <i>Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.</i> <p>Minimum standard is a daily service note that meets the criteria specified in the Service Records manual and includes the name, Medicaid identification number, date of service, purpose of contact, describes the respite services activities includes the time spent performing respite service and includes the signature and credentials of the respite provider.</p>

23	<p>Service Exclusions</p> <ul style="list-style-type: none"> • <i>Identify other service(s) that are limited or cannot be provided on the same day or during the same authorization period as proposed Alternative Service</i> <p>This service may not be provided at the same time of day as: Home and Community Supports; Individual Training and Education Services; Personal Assistance Services; Residential Supports; Respite Services; Supported Employment Services; or one of the State Plan Medicaid services that works directly with the person, such as Personal Care Innovations Services Piedmont Innovations Manual Services, Home Health Services, MH/DD/SAS Community Services, or individual therapies.</p>
24	<p>Service Limitations</p> <ul style="list-style-type: none"> • <i>Specify maximum number of service units that may be reimbursed within an established timeframe (day, week, month, quarter, year)</i> <p>Authorization by the LME is required. The amount, duration, and frequency of services must be included in an individual's Person Centered Plan, and authorized on or before the day services are to be provided. Services are authorization annually. Services are individualized. Service contacts are determined by the needs identified in the individual service plan.</p>
25	<p>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</p> <ul style="list-style-type: none"> • <i>Provide other organizational examples or literature citations for support of evidence base for effectiveness of the proposed Alternative Service</i>
26	<p>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</p> <p>PBH QM Department will monitor this service for quality and fidelity to the definition through billing audit reviews.</p>
27	<p>LME Additional Explanatory Detail (as needed)</p>